## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: SEASONS (THE) (510234)

Address: 207 WEST STREET, PLUM CITY, WI 54761

**License Status: REGULAR** 

Licensed/Certified/Registered 10/20/1993

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0094119 End Date: 02/03/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009728 Served 02/12/2005

Deficiencies Cited Subject Area

83.14(7)(b) CONTINUING EDUCATION

Survey ID: 0091085 End Date: 09/26/2003 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.